

NCCN shares new guidance principles for vaccinating people with cancer against COVID-19

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The National Comprehensive Cancer Network (NCCN) put out new information today to provide guidance for COVID-19 vaccinations in

people with cancer. The nonprofit alliance of leading cancer centers created an NCCN COVID-19 Vaccine Committee that includes top hematology and oncology experts with particular expertise in infectious diseases, vaccine development and delivery, medical ethics, and health information technology. These recommendations can help cancer care providers make informed decisions on how to protect their patients from the ongoing COVID-19 pandemic, based on available evidence plus expert consensus. The committee's recommendations state that all people currently in active cancer treatment should get the vaccine, with some advice to consider regarding immunosuppression and timing. The full document can be found at [NCCN.org/covid-19](https://www.nccn.org/covid-19), along with other vital information about the impact of COVID-19 on cancer care.

"Right now, there is urgent need and limited data," explained Steve Pergam, MD, MPH, Associate Professor, Vaccine and Infectious Disease Division, Fred Hutchinson Cancer Research Center and Infection Prevention Director at Seattle Cancer Care Alliance, co-leader of the NCCN COVID-19 Vaccine Committee. "Our number one goal is helping to get the vaccine to as many people as we can. That means following existing national and regional directions for prioritizing people who are more likely to face death or severe illness from COVID-19. The evidence we have shows that people receiving active cancer treatment are at greater risk for worse outcomes from COVID-19, particularly if they are older and have additional comorbidities, like immunosuppression."

"My philosophy is don't waste a dose and keep it simple," said committee co-leader Lindsey Baden, MD, Associate Professor of Medicine, Infectious Disease, Brigham and Women's Hospital and Dana-Farber Cancer Institute. "Too many caveats can lead to confusion. Of course, if strong new evidence comes out to support prioritizing certain groups over others, we can always adjust. This is intended to be a living document that is constantly evolving—it will be updated rapidly

whenever new data comes out, as well as any potential new vaccines that may get approved in the future."

"One of our primary goals is reducing morbidity and mortality," said Sirisha Narayana, MD, Associate Professor of Medicine, Chair of the UCSF Ethics Committee, UCSF Health. "We also have to take social determinants of health into account and make special efforts for people in high-risk communities."

This new guidance statement from NCCN builds off of existing understanding and guidelines for the flu vaccine during active cancer treatment—such as those in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Prevention and Treatment of Cancer-Related Infections.

The guidance acknowledges that although these vaccines have been shown to be safe in general populations, their effectiveness among cancer and transplant patients is not precisely known at present. Available data from vaccine trials have demonstrated that vaccines decrease the incidence of COVID-19 disease and complications, but it is unclear if these vaccines prevent infection and subsequent transmission. Therefore, everyone should continue to wear masks, avoid large gatherings, and follow other recommendations for preventing COVID-19 acquisition and transmission, even after vaccination. The committee feels strongly that caregivers and other members of the same household should also be encouraged to get the [vaccine](#) as soon they are considered eligible where they live.

The committee also addressed issues such as:

- how to prioritize patients in the event of limited supplies and staff capacity;
- how to recommend appropriate scheduling based around

- immunosuppressive therapy;
- how to prepare for possible medication interactions or adverse events;
- how to account for societal inequities and prioritize at-risk communities;
- how to communicate with patients and caregivers, particularly non-English speakers;
- and the balance of vaccination efforts between the [cancer](#) center and community settings.

The panel will continue to meet regularly in order to refine the recommendations for these and other issues, as they come up. Any open questions can also serve as a guide for areas where new research is most needed.

"The medical community is rising to one of the biggest challenges we have ever faced," said Robert W. Carlson, MD, Chief Executive Officer, NCCN. "The COVID-19 vaccines exemplify the heights of scientific achievement. Now we have to distribute them quickly, equitably, safely and, efficiently, using clearly defined and transparent principles."

More information: www.nccn.org/professionals/default.aspx

Provided by National Comprehensive Cancer Network

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